



## PSABA Membership Application 2026

Business/Organization Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact/Representative: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Brief description of Business: \_\_\_\_\_

What would you like to see the PSABA accomplish:

---

**Annual Membership Dues**

\_\_\_\_\_ \$100.00

I would also like to be included in the following:

**Music in the Park**

Sign Sponsor \$100.00 \_\_\_\_\_

Snack Sponsor \$50.00 \_\_\_\_\_

**Additional Contribution for Village Events:**

Port Sanilac Fireworks \_\_\_\_\_

Beautification in Village (flowers, etc.) \_\_\_\_\_

Antique Boat & Camper Show \_\_\_\_\_

Festival of Lights \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

As a member of the PSABA, each paid member is entitled to one (1) vote. Membership must be current to vote. Information from membership forms will be put into a database for mailing/contact purposes. It is our intent that all members have access to this information.

**Please mail your Membership form and payment made out to PSABA by January 31, 2026, to:**

**PSABA**

**P.O. Box 402**

**Port Sanilac, MI 48469**

I understand that by signing this application I agree with the purpose of the Port Sanilac Area Business Association and will adhere to its bylaws, rules, and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_